



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Case No. 12870US03

PATENT

In the Application of:

F. Van Baltz et al.

Serial No.: 09/960,696

Filed: September 21, 2001

For: APPARATUS AND METHOD FOR A
CASHLESS ACTUATED GAMING
SYSTEM

Examiner: Aaron J. Capron

Group Art Unit: 3714

Confirmation No. 4274

CERTIFICATE OF MAILING

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By: Ronald E. Larson
Ronald E. Larson
Reg. No. 24,478

RESPONSE B

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated September 24, 2003, kindly amend the
above-identified application as follows:

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/960696
		Filing Date	Sept. 21, 2001
		First Named Inventor	F. Van Baltz et al.
		Group Art Unit	3714
		Examiner Name	A. Capron
		Attorney Docket Number	12870US03
Total Number of Pages in This Submission		12	

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center;">RECEIVED Return receipt postcard DEC 24 2003 TECHNOLOGY CENTER R3700</div>
Remarks		The Commissioner is authorized to charge any deficiencies or credit any overpayment to Deposit Account 13-0017.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Ronald E. Larson, Esq. McAndrews Held & Malloy, Ltd.		
Signature	<i>Ronald E. Larson</i>		
Date	December 19, 2003		

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Name (Print/type)	Ronald E. Larson	Registration No. (Attorney/Agent)	24,478
Signature	<i>Ronald E. Larson</i>	Date	Dec. 19, 2003